State of Hawaii - Insurance Divison Department of Commerce and Consumer Affairs P. O. Box 3614 Honolulu, Hawaii 96811-3614

For express mailing only: 250 South King Street – Fifth Floor Honolulu, Hawaii 96813-4586

VEHICLE PROTECTION PRODUCT WARRANTOR **REGISTRATION FORM**

1.	Full and Exact Name of Warrantor			2. FEIN		
3.	Trade Name (if applicable)					
4.	Business Address (P. O. Box is not an acc	ontable Rusiness Addres	co).			
4.	a) Street	epiable Dusilless Addre.	55).	b) Suite		
	a) Sileei			b) Suite		
	c) City	d) State		e) Zip Code or Country		
5.	Phone Number		6. Fax Number			
0.	()	Ext.	()			
	, ,		,			
7.	Business E-mail Address		8. Business Web Sit	e Address		
9.	Mailing Address:					
	a) Street or P. O. Box			b) Suite		
	,			•		
	a) City	d) Ctata		a) Zin Codo or Country		
	c) City	d) State		e) Zip Code or Country		
10.	Hawaii Agent for Service of Process (if oth	er than warrantor)				
11	. Business Address for Hawaii Agent for Service of Process (if other than warrrantor) (P. O. Box is <u>not</u> an acceptable Business Address):					
11.	a) Street	vice of 1 focess (ii other	than wantantor) (1 . O. L	b) Suite		
	a) Sileei			b) Suite		
	c) City	d) State		e) Zip Code		
12.	Phone Number		13. Fax Number			
	()	Ext.	()			
	· · · · ·		, ,			
14.	14. FINANCIAL RESPONSIBILITIES					
"The performance of each warranty will be insured under a contractual liability reimbursement insurance policy issued by an authorized to do business in the State of Hawaii in compliance with the financial security requirements of the vehicle protecti						
				anty in compliance with the law will subject the		
	warrantor to substantial fines and/or revoca	husiness in the State of Hawaii "				
15.	Signature of Officer of Corporation	ation of Suspension of W	16. Date Signed	business in the State of Hawaii.		
10.	Signature of Officer of Corporation		10. Date Signed			
17	Drint Name of Cigner		18. Title/Position of S	Nanor		
17.	7. Print Name of Signer		18. Title/Position of Signer			

Submit the following with your completed registration form:

- 1. On a separate sheet, provide the identities of the warrantor's executive officer or officers directly responsible for the warrantor's vehicle protection product business.
- 2. On a separate sheet provide the name, address, and telephone number of any administrators designated by the warrantor to be responsible for the administration of vehicle protection product warranties in Hawaii.

A copy of each warranty form the warrantor proposes to use in Hawaii.					
VID#	VPPW	I-95 \$ I-78 \$			
	' '	· ·			